Receipt date: 06/15/2010

Substitute for Form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

 Complete if Known

 Application Number
 09/669,594

 Filing Date
 September 26, 2000

 First Named Inventor:
 Prasad Raje

 Art Unit
 2178

 Examiner Name
 Basehoar, Adam L.

				Examiner Name	baserioar, Adam L.			
Sheet	2	of	2	Attorney Docket Number	4426P001			
			NON PATE	NT LITERATURE DOCUMENTS				
Examiner Initials*	Cite No ¹							
		PCT International Search Report for PCT/US00/26883, mailed January 30, 2001, 4 pages.						
		PCT Written Opinion for PCT/US00/26883, mailed August 1, 2001, 7 pages.						

				_
Examiner Signature	/Adam Basehoar/	Date Considered	03/08/2011	

"Examiner, Intial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered, include copy of this form with next communication to applicant,
"Applicant's unique citation designation number (optional)," Applicant is to place a check mark here if English Translation is attached,

This collection of information is required by 3T CFR 1.98. The information is required to obtain or retain a benefit by the public which is life (and by the USPTO to process) an application. Confidentially is governed by \$5 U.S. 0.12 and 3T CFR 1.14. This collection is estimated to take 2 hours to complete including preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestors for refusing this burdle, should be sent to the file information of fileder. US Patient and Trademark Office. P.O. Box 1450, Mexandris, Virginia 2231-3450. DO NOT SENT FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Mexandris, Virginia 2231-3450.

**If you need assistance in completing the form, all 14-00-PTO-19919; 14-007-69-99) and select option 2.